→→→ PIO

09/13/04 MON 11:14 FAX 1 860 824 2550 CSP Troop B Canaan 69-12 -04 2 1000 - Still crotical cond.



State of Connecticut Department of Public Safety Division of State Police

	RIMINAL INFO	The second secon		☐ ADI	DITION	AL PAGES
TROOP/UNIT: 3	ROOP / UNIT: OTHER INVOLVED AGENCY: NO YES,					
	STIGATING TROOPER / OF	DPS CASE NUMBER:				
09/11/04 1649 hes 7	FC. Benevi	DPS04-045651				
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):						
DEPAYS STATE FOREST - DIE HADTED						
SUMMARY OF INCIDENT OR AFFIDAVIT: ARREST MADE TUNDER INVESTIGATION						
TROOP "B" is investigating A suspicious CAR fire in The Nepaus STATE FOREST, The operation of the involved Vehicle Suffered Severe Burns And was flow by Life STAR TO The BURN UNIT AT BEIDGEPORT, HOSPITAL WHERE HE WAS LISTED IN CRITICAL CONDITION.						
The presence of The laward behicle Siffered Server Riess And was flowed						
THE STAR TO THE BURN INIT AT NEIDSEAR HOSPITAL WHERE HE WAS LISTED IN						
CAITICAL CONCITION						
NAME / BUSINESS / AGENCY; SM [NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FILESS AGENCY; SOM F ADDRESS: (TOWN/CITY&STATE ONLY) APT C 3				JUVENILE: INJURED:	
T. J. T. Was Ja - I.	Apt C3			□ Y		YES
DOR GR-23-41	270 Laurel St. Hart St		Ford Ct	AGE: NO		
NAME / BUSINESS / AGENCY:	J. Wasilewski Apt C3 270 Jaurel St. Hartford Ct SINESS/AGENCY: LIM OF ADDRESS: (TOWN/CITYASTATE ONLY)		JUVENILE:		INJURED:	
			☐ YES		☐ YES ☐ NO	
NAME / BUSINESS / AGENCY:		AGE:		INJURED:		
AME / BUSINESS / AGENCT: ADDRESS: (FORWCITT&STATE ONLY)		□ Y		YES		
			AGE:		□NO	
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS- IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)						
NAME: DOB: ADDRESS:						
CHARGES:	COURT:	BOND:	☐ SURETY ☐ YES ☐ NO			
1.	GA:	☐ CASH ☐ NON-SURET				
2.	TOWN:	AMOUNT S:		1	☐ YES	□ NO
13.	TOWN:		SENTED AT COURT	200000	HOSPITA	AL:
4.	DATE:	☐ TRANS TO	DEPT OF CORRECTION	is @:		
NAME:	M D F DOB:	ADDRESS:				
		1.700.000.000.000				
CHARGES:	COURT:	BOND:			NJURE	D:
1.	GA:	☐ CASH	SURETY		☐ YES ☐ NO	
2.		□ NON-SURET	TY WPTA		AMBUL.	ANCE:
3.	TOWN:	AMOUNT S:	SENTED AT COURT		HOSPITAL:	
4.			TRANS TO DEPT OF CORRECTIONS @:			
4000	DATE:					
NAME:	M F DOB:	ADDRESS:				
CHARGES:	COURT:	BOND:	□ SURETY		INJURE VES	D: □ NO
2.	GA	☐ NON-SURE				ANCE:
3.	TOWN:	AMOUNT S:		□ YES □ NO HOSPITAL:		
4.			SENTED AT COURT DEPT OF CORRECTIONS @:		AL	
4.	DATE:	LI TRANSTO	DEPT OF CORRECTION	15 W:		
NAME:	M D F DOB:	ADDRESS:				
CHARGES:	COURT:	BOND:	**************************************		NJURE	
1.	GA:	☐ CASH☐ NON-SURE	SURETY WPTA		MBUL.	□ NO
2.	mount	AMOUNTS:	- H 4114		_	□ NO
3.	TOWN:	☐ TO BE PRES	SENTED AT COURT		HOSPIT	AL:
_4.	DATE:	☐ TRANS TO	DEPT OF CORRECTION	S @:		
SUPERVISOR'S APPROVAL REQUIRED		ID#:	D/	ATE:		
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS.						
FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE						